County: Juneau FAIR VIEW HOME 1050 DIVISION STREET

1030 DIVISION SIREEI			
MAUSTON 53948 Phone: (60	8) 847-6161	Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of	Operation: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12	/31/01): 60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01)	: 60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	60	Average Daily Census:	60

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	81/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Pri mary Di agnosi s	%	Age Groups	%	Less Than 1 Year	28. 3
Supp. Home Care-Personal Care	No				·J	1 - 4 Years	53. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 7	Under 65	5.0	More Than 4 Years	18. 3
Day Services	No	Mental Illness (Org./Psy)	26. 7	65 - 74	5. 0		
Respite Care	No	Mental Illness (Other)	6. 7	75 - 84	36. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	38. 3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	15. 0	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 0	İ	Í	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	1. 7		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	8. 3	65 & 0ver	95. 0		
Transportati on	No	Cerebrovascul ar	23. 3			RNs	16. 4
Referral Service	No	Di abetes	6. 7	Sex	% [LPNs	4. 2
Other Services	No	Respi ratory	8. 3		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	16. 7	Male	21.7	Aides, & Orderlies	55. 3
Mentally Ill	No	İ		Female	78. 3		
Provi de Day Programming for		İ	100. 0		i		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	1	33. 3	329	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	1. 7
Skilled Care	2	66. 7	329	37	97. 4	112	0	0.0	0	19	100. 0	135	0	0.0	0	0	0.0	0	58	96. 7
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				1	2.6	164	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 7
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	3	100.0		38	100.0		0	0.0		19	100.0		0	0.0		0	0.0		60	100. 0

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Admissions, Discharges, and Deaths During Reporting Period	l	Percent Distribution	of Residents'	Condi ti ons	, Service	s, and Activities as of 12/	′31/01
beachs builing hepoteting ferrou	•	1		% Ne	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	5. 3	Daily Living (ADL)	Independent		Two Staff		Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0	5	8. 3	41. 7	60
Other Nursing Homes	28. 9	Dressing	1. 7	7	6. 7	21. 7	60
Acute Care Hospitals	60. 5	Transferri ng	8. 3	7	0. 0	21. 7	60
Psych. HospMR/DD Facilities	0.0	Toilet Use	5. 0	6	5. 0	30. 0	60
Rehabilitation Hospitals	0.0	Eati ng	13. 3	7	5. 0	11. 7	60
Other Locations	5. 3	**************	******	******	******	*********	*****
Total Number of Admissions	38	Continence			ecial Trea	atments	%
Percent Discharges To:		Indwelling Or Externa				Respiratory Care	26. 7
Private Home/No Home Health	0.0	0cc/Freq. Incontinent		53. 3	Recei vi ng	Tracheostomy Care	1. 7
Private Home/With Home Health	29. 7	0cc/Freq. Incontinent	t of Bowel			Sucti oni ng	1. 7
Other Nursing Homes	2. 7					Ostomy Care	11. 7
Acute Care Hospitals	2. 7	Mobility				Tube Feeding	5. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	6. 7	Recei vi ng	Mechanically Altered Diets	26. 7
Rehabilitation Hospitals	0.0						
Other Locations	8. 1	Skin Care				ent Characteristics	
Deaths	56. 8	With Pressure Sores				nce Directives	85. 0
Total Number of Discharges		With Rashes			di cati ons		
(Including Deaths)	37				Recei vi ng	Psychoactive Drugs	63. 3

	Thi s	Other Hospital-	Al l
	Facility	Based Facilities	Facilties
	%	% Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	88. 1 1. 14	84. 6 1. 18
Current Residents from In-County	88. 3	83. 9 1. 05	77. 0 1. 15
Admissions from In-County, Still Residing	42. 1	14. 8 2. 84	20. 8 2. 02
Admissions/Average Daily Census	63. 3	202. 6 0. 31	128. 9 0. 49
Discharges/Average Daily Census	61. 7	203. 2 0. 30	130. 0 0. 47
Discharges To Private Residence/Average Daily Census	18. 3	106. 2 0. 17	52. 8 0. 35
Residents Receiving Skilled Care	98. 3	92. 9 1. 06	85. 3 1. 15
Residents Aged 65 and Older	95. 0	91. 2 1. 04	87. 5 1. 09
Title 19 (Medicaid) Funded Residents	63. 3	66. 3 0. 96	68. 7 0. 92
Private Pay Funded Residents	31. 7	22. 9 1. 38	22. 0 1. 44
Developmentally Disabled Residents	1. 7	1. 6 1. 06	7. 6 0. 22
Mentally Ill Residents	33. 3	31. 3 1. 07	33. 8 0. 99
General Medical Service Residents	16. 7	20. 4 0. 82	19. 4 0. 86
Impaired ADL (Mean)*	60. 3	49. 9 1. 21	49. 3 1. 22
Psychological Problems	63. 3	53. 6 1. 18	51. 9 1. 22
Nursing Care Required (Mean)*	10. 0	7. 9 1. 26	7. 3 1. 36